

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Rausch

Signature of Treasurer

Electronically Filed by Steven Rausch

Date

07

18

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M
0 6D D
0 1Y Y Y Y
2 0 1 1

To:

M M
0 6D D
3 0Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		<input type="text" value="353076.28"/>
(b) Cash on Hand at Beginning of Reporting Period	<input type="text" value="289864.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13372.27"/>	<input type="text" value="198854.25"/>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="303236.57"/>	<input type="text" value="551930.53"/>
7. Total Disbursements (from Line 31)	<input type="text" value="37608.15"/>	<input type="text" value="286302.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="265628.42"/>	<input type="text" value="265628.42"/>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10880.42	161745.66
(ii) Unitemized	2391.85	36983.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13272.27	198729.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13272.27	198729.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	100.00	125.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13372.27	198854.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13372.27	198854.25

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	691.49	15323.45	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	691.49	15323.45	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36500.00	264500.00	
24. Independent Expenditure (use Schedule E)	0.00	3900.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	416.66	2578.66	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	416.66	2578.66	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37608.15	286302.11	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37608.15	286302.11	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13272.27	198729.25
34. Total Contribution Refunds (from Line 28(d))	416.66	2578.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12855.61	196150.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	691.49	15323.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	691.49	15323.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Blandford

Mailing Address 1937 Old Main St
Ste 2

City State Zip Code
Maysville KY 41056-8956

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 496680F3243A35E19B4A

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Steven Bodine

Mailing Address 915 Palmer Rd
Retina Consultations

City State Zip Code
Bronxville NY 10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 44AA8AD30F3107AA9BFA

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

David Bogorad

Mailing Address 1120 15th St

City State Zip Code
Augusta GA 30912-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 1 1

Transaction ID: 49D396E967DCBC62903A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

166.68

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Braun

Mailing Address 114 Country Club Dr

City

Hot Springs

State

AR

Zip Code

71901-8034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: C82D7C5146498389ACA

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Frank Burns

Mailing Address 13324 Shelbyville Rd

City

Louisville

State

KY

Zip Code

40223-3936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: 4184A2A4901E802FA623

Amount of Each Receipt this Period

83.34

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	1

Transaction ID: 4737BB94D70EC870B7C2

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

416.68

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jack Mabry Chapman

Mailing Address 2061 Beverly Rd

City

Gainesville

State

GA

Zip Code

30501-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: 411ABFEDC9303584DB2A

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Ave
Ste 6

City

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	1

Transaction ID: 49D78BDD1FBD72226B92

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

S. William Clark

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Transaction ID: 4EBBB9652F82D35494BA

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

599.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Russell Crain

Mailing Address 11011 Hefner Pointe Dr
Ste B

City State Zip Code
Oklahoma City OK 73120-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: 4954990B84A2CD3468EE

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William Deegan

Mailing Address 6355 Walker Ln
Retina Group of Washington, Ste 50

City State Zip Code
Alexandria VA 22310-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: E9F77F4D855F7F1C783

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael Gilbert

Mailing Address 12301 NE 10th PI
Ste 200

City State Zip Code
Bellevue WA 98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 446D99B2AB793BB06F25

Amount of Each Receipt this Period

83.34

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

633.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: 4A56901D1CFE0ABF924D

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Dr

City

Wilmington

State

NC

Zip Code

28403-5345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	1

Transaction ID: 492C9132A6E3A6541C4B

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David Hayes

Mailing Address PO Box 3015

City

Del Mar

State

CA

Zip Code

92014-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Transaction ID: 464380C165A3CC98CC22

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

191.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Morriss Henry

Mailing Address 22 W Colt Square Dr
Henry Eye Clinic

City State Zip Code
Fayetteville AR 72703-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 303F9347702480D4D47

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Holds

Mailing Address 12990 Manchester Rd
Ste 102

City State Zip Code
Des Peres MO 63131-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 0B5897C83893B288944

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address 3 Woodland Rd
Ste 210

City State Zip Code
Stoneham MA 02180-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 1

Transaction ID: 4F268C1E16AC86DEF52F

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)

1281.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

W. Jackson Iliff

Mailing Address 8109 Ritchie Hwy

City

Pasadena

State

MD

Zip Code

21122-6917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 4D03AF520AEEC28991D4

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 43348C3E0CE2796613DB

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kent Kebert

Mailing Address 1307 Aston Ave

City

McComb

State

MS

Zip Code

39648-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 1

Transaction ID: 00054C2D-7BEF-4C92-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: 4D3C941B7E6B427CB88A

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City

Plainview

State

TX

Zip Code

79072-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 1

Transaction ID: 4FB5951E398EE4E53547

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Roger H. Langston

Mailing Address 9500 Euclid Ave
Cleveland Clinic

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: B31388E5A6A7666617F

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

515.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Lowery

Mailing Address 105 Central Ave

City

Searcy

State

AR

Zip Code

72143-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: D0E7D7B92CEA4601C77

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

341.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: 49408E2061C26203F576

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Michael Edward Migliori

Mailing Address 120 Dudley St
Ste 301

City

Providence

State

RI

Zip Code

02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Transaction ID: 44B7ACCF36F214D4019B

Amount of Each Receipt this Period

83.34

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

490.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Aaron Miller

Mailing Address 13414 Medical Complex Dr
Ste 4

City State Zip Code
Tomball TX 77375-3333

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 4F3785EFD0C01A4DEED6

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Amalia Miranda

Mailing Address 3435 NW 56th St
Building A # 700

City State Zip Code
Oklahoma City OK 73112-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 4C47A1B44E2E6FDE4A9B

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Anthony Musto

Mailing Address 3060 Main St
Ste 101

City State Zip Code
Stratford CT 06614-4945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 426F9CDCBFC61C2DB544

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

191.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen O'Connell

Mailing Address

340 Hulse Rd
Naval Aerospace Medical Institute

City

Pensacola

State

FL

Zip Code

32508-1089

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 40EB8CE7E28840358447

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Kelly Patrick O'Neill

Mailing Address

563 Wessel Dr

City

Fairfield

State

OH

Zip Code

45014-3668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 4A9DBF013F5798AED578

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Paul Olson

Mailing Address

1055 N 300 W
Ste 204

City

Provo

State

UT

Zip Code

84604-3374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: 45D48DBB85CE3310DC8E

Amount of Each Receipt this Period

208.34

SUBTOTAL of Receipts This Page (optional)

333.35

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Park

Mailing Address 1 Vanderbilt Park Dr
Ste 150

City State Zip Code
Asheville NC 28803-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 47BBADED0460419FF52B

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Julie Perry

Mailing Address 999 Adams St
Ste 200

City State Zip Code
Saint Helena CA 94574-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: 418E920700A7E978CDE6

Amount of Each Receipt this Period

83.33

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Robert William Poulin

Mailing Address 5333 Hollister Ave
Ste 123

City State Zip Code
Santa Barbara CA 93111-3315

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: 4837896A9EA599C955CF

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

166.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City State Zip Code
San Gabriel CA 91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1902.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 1 1

Transaction ID: 4FEFB6A21CC7DA78B4A9

Amount of Each Receipt this Period

317.00

B.

Full Name (Last, First, Middle Initial)

John Robinson

Mailing Address 501 E MacArthur St

City State Zip Code
Shawnee OK 74804-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: B3F22C5C0A58E6C8BF7

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joy Dixon Robinson

Mailing Address 23 Castle Haven Rd

City State Zip Code
Hampton VA 23666-6032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 1

Transaction ID: 89466011-412A-41E0-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

932.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Muriel Rosa-DelGado

Mailing Address Parkville Terrace
113 Alamo Drive

City State Zip Code
Guaynabo PR 00969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 4031A677F18635D0F889

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Harvey Rosenblum

Mailing Address 220 Madison Ave

City State Zip Code
New York NY 10016-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 1

Transaction ID: C52271159487D7AFC1C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

A. William Schubert

Mailing Address 1605 Reynolds Dr

City State Zip Code
Charleston IL 61920-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: 49A8BDCA4C184CC50789

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

583.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address 999 E Basse Rd
Ste 127

City State Zip Code
San Antonio TX 78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 4AC7A5752E701B5DEB90

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Scott So

Mailing Address 2100 Webster St
Ste 214

City State Zip Code
San Francisco CA 94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: 4F09B3F2147033D57A94

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alan Solinsky

Mailing Address 1013 Farmington Ave

City State Zip Code
West Hartford CT 06107-2181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: E915CEC6F02D1F89298

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

548.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Stone

Mailing Address 748 Tuscany Way

City

Edmond

State

OK

Zip Code

73034-6786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: 4F6E8C9426AA30A23DA1

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Regina Sun

Mailing Address 1919 Vassar St
Apt B

City

Houston

State

TX

Zip Code

77098-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 1 1

Transaction ID: 43E4BEE8E475C896ECD1

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Steven Swedberg

Mailing Address 21827 76th Ave W
Ste 102

City

Edmonds

State

WA

Zip Code

98026-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 4D83A5F7C3B4368CCE9D

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

216.68

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: 407B86E738F0EFE37166

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael Carmine Tigani

Mailing Address 1515 Chain Bridge Rd
Ste G17

City

Mc Lean

State

VA

Zip Code

22101-4421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Transaction ID: 964C62CE-E262-48E9-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John Wallace

Mailing Address 2664 Hartford Hwy

City

Dothan

State

AL

Zip Code

36305-4904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	1

Transaction ID: 6963690B6D8F7038ADE

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Thomas Walton

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: DF42BBC64C412CB2FAB

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 4C8E8FA950BCF40A4E85

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus St

City

Seattle

State

WA

Zip Code

98118-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 1

Transaction ID: 4EC385F452999A7DBD60

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

141.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Curtis Winkler

Mailing Address 5419 E Baseline Road
Suite # 114

City State Zip Code
Gilbert AZ 85234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: 6FEF8A1A888D8E6415D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy Young

Mailing Address 5300 North St

City State Zip Code
Nacogdoches TX 75965-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 2C88B6F06E8D5F9D58B

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City State Zip Code
Winston Salem NC 27103-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 49D6B0E10CA59B9B19E0

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

906.67

TOTAL This Period (last page this line number only)

10880.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) AAO	Transaction ID: V75316-3115503191947 Date of Disbursement																				
Mailing Address 655 Beach St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City San Francisco State CA Zip Code 94109	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Admin Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 001																					
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.	Transaction ID: 8FD657E11C3F45370C6 Date of Disbursement																				
Mailing Address PO Box 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City San Francisco State CA Zip Code 94163	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank charges - Jun 2011 Candidate Name	<table border="1"> <tr> <td colspan="10">229.78</td> </tr> </table>	229.78																			
229.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 001																					
C. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.	Transaction ID: E0C42308C36C26F4B04 Date of Disbursement																				
Mailing Address PO Box 63020	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	1												
City San Francisco State CA Zip Code 94163	Amount of Each Disbursement this Period																				
Purpose of Disbursement AMEX discount - Jun 2011 Candidate Name	<table border="1"> <tr> <td colspan="10">100.71</td> </tr> </table>	100.71																			
100.71																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 001																					

SUBTOTAL of Disbursements This Page (optional)

430.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement

IRS tax payment

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: E168E82F8BBB067497A

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2011

Amount of Each Disbursement this Period

261.00

SUBTOTAL of Disbursements This Page (optional)

261.00

TOTAL This Period (last page this line number only)

691.49

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Andy Harris for Congress	Transaction ID: 25937-4663812518119 Date of Disbursement
Mailing Address PO Box 426	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </div>
City State Zip Code Stevensville MD 21666	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2012 Primary	<div> <div>1000.00</div> </div>
Candidate Name Andrew P. Harris	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bucshon for Congress	Transaction ID: 64162-9440729022026 Date of Disbursement
Mailing Address PO Box 250	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 1 / 2 0 1 1</div> </div>
City State Zip Code Newburgh IN 47629	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Contribution	<div> <div>1000.00</div> </div>
Candidate Name Larry D. Bucshon	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Bucshon for Congress	Transaction ID: 40329-1053888201713 Date of Disbursement
Mailing Address PO Box 250	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 1 1</div> </div>
City State Zip Code Newburgh IN 47629	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2012 Primary	<div> <div>2500.00</div> </div>
Candidate Name Larry D. Bucshon	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 07832-29668825864792 Date of Disbursement																				
Mailing Address PO Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period																				
Purpose of Disbursement void check reported on 3/30/11. Candidate Name Christopher S. Murphy	<table border="1"> <tr> <td colspan="10">-5000.00</td> </tr> </table>	-5000.00																			
-5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 07832-8838006854057 Date of Disbursement																				
Mailing Address PO Box 127	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	1		2	0	1	1												
City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2012 Primary Candidate Name Christopher S. Murphy	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
C. Full Name (Last, First, Middle Initial) David Schweikert for Congress	Transaction ID: 64162-4855005145072 Date of Disbursement																				
Mailing Address 15749 E El Lago Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	1		2	0	1	1												
City Fountain Hills State AZ Zip Code 85268	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Contribution Candidate Name David Schweikert	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Scott for Congress	Transaction ID: 60800-4544946551322 Date of Disbursement
Mailing Address PO Box 960821	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 6 / 2 0 1 1</div> </div>
City Riverdale State GA Zip Code 30296	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Contribution	<div>5000.00</div>
Candidate Name David Albert Scott	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Donovan for Congress	Transaction ID: 90592-8799859881401 Date of Disbursement
Mailing Address PO Box 723	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 1 1</div> </div>
City Meriden State CT Zip Code 06450	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2012 Primary	<div>2500.00</div>
Candidate Name Christopher G. Donovan	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Chris Murphy	Transaction ID: 07340-3803369402885 Date of Disbursement
Mailing Address PO Box 127	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 9 / 2 0 1 1</div> </div>
City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2012 Primary	<div>5000.00</div>
Candidate Name Christopher S. Murphy	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 75316-36324709653854 Date of Disbursement																				
Mailing Address PO Box 12567	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period																				
Purpose of Disbursement void check reported 5/4/11	<table border="1"> <tr> <td>-2500.00</td> </tr> </table>	-2500.00																			
-2500.00																					
Candidate Name James E. Clyburn	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 75316-6275445818901 Date of Disbursement																				
Mailing Address PO Box 12567	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	1	1												
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2012 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name James E. Clyburn	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Friends of Lois Capps	Transaction ID: 40329-2087976336479 Date of Disbursement																				
Mailing Address PO Box 23940	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Lois Capps	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: 40329-8721734881401 Date of Disbursement
Mailing Address 236 Massachusetts Ave Suite 110	<div> <div>06</div> <div>10</div> <div>2011</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Contribution	<div>2500.00</div>
Candidate Name Kirsten Elizabeth Gillibrand	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marco Rubio for Us Senate	Transaction ID: 73292-53921145200729 Date of Disbursement
Mailing Address PO Box 140420	<div> <div>06</div> <div>09</div> <div>2011</div> </div>
City Miami State FL Zip Code 33114	Amount of Each Disbursement this Period
Purpose of Disbursement void check reported 11/29/10	<div>-5000.00</div>
Candidate Name Marco Antonio Rubio	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Marco Rubio for Us Senate	Transaction ID: 73292-7999383807182 Date of Disbursement
Mailing Address PO Box 140420	<div> <div>06</div> <div>09</div> <div>2011</div> </div>
City Miami State FL Zip Code 33114	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 General / Debt Retirement	<div>5000.00</div>
Candidate Name Marco Antonio Rubio	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)	<div>2500.00</div>
TOTAL This Period (last page this line number only)	<div></div>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 40329-3388788104057 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 1
	Mailing Address PO Box 2334	
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 Primary Contribution	2000.00
	Candidate Name Michael Clifton Burgess	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee Aka Ndc Pac	Transaction ID: 63719-3588678240776 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1
	Mailing Address 607 14th Street NW Suite 800	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution 2012	5000.00
	Candidate Name New Democrat Coalition Political Action Committee Aka Ndc Pac	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
C.	Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth (PETE PAC)	Transaction ID: 64162-7667962908744 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1
	Mailing Address 7804 Evening Lane	
	City Alexandria State VA Zip Code 22306	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution 2012	5000.00
	Candidate Name People for Enterprise Trade and Economic Growth (P- ETE PAC)	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
	SUBTOTAL of Disbursements This Page (optional)	12000.00
	TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ryan for Congress	Transaction ID: 40329-2151452898979 Date of Disbursement																				
Mailing Address PO Box 1919	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Paul Ryan	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Southerland for Congress	Transaction ID: 40329-5994836688041 Date of Disbursement																				
Mailing Address PO Box 1692	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City Lynn Haven State FL Zip Code 32444	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name William Steve Southerland, II	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee	Transaction ID: 40329-9218103289604 Date of Disbursement																				
Mailing Address PO Box 1007	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
City Willows State CA Zip Code 95988	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Walter Herger, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

36500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address 3 Woodland Rd
Ste 210

City State Zip Code
Stoneham MA 02180-1711

Purpose of Disbursement
refund of 6/11/11 contribution.

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 89EC7BDF2B8889FE4A1

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2011

Amount of Each Disbursement this Period

416.66

SUBTOTAL of Disbursements This Page (optional)

416.66

TOTAL This Period (last page this line number only)

416.66